

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone :	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

CHRIECT.

JV DEALS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HILAAL VIRJEE

Name of Person

JV DEALS LLC

Firm/Company

650 TOMLINSON TERRACE

Address

LAKE MARY, FLORIDA 32746

City/State and Zip Code

jv_deals1@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HILAAL VIRJEE

.,407, **437-9680**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy.
(additional copy seenclessed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JV DEALS LLC						
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)					
The Articles of Organization for this Limited Liability Company vi Florida document number L1300000244						
This amendment is submitted to amend the following:	lment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:					
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	1410B TROPIC PARK DRIVE					
(Principal office address MUST BE A STREET ADDRESS)	SANFORD, FL 32773					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	650 TOMLINSON TERRACE_ LAKE MARY, FL 32746					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here						
Name of New Registered Agent:	z 12					
New Registered Office Address:	Enter Florida street addres A					
	Florida 27					
	City Zp Code					
New Registered Agent's Signature, if changing Registered Agent:	FSTA CO					
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is					

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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Filing Fee: \$25.00

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